

## PERSONAL DATA

### POSITION DESIRED:

**Instruction:** Read carefully before filling-up this form. If you need space, use a sheet of paper the size as this page. The correctness of all statements made here will be verified and deliberate omission or distortion of materials facts may give sufficient cause for denial of application.



### PERSONAL DATA INFORMATION

NAME (Last, First & Middle Name) <b>LABATO, ARIZ GABITO</b>				Nickname <b>CHONG2Y</b>	
SEX <b>MALE</b>	HEIGHT <b>5'4"</b>	WEIGHT <b>60kg.</b>	HAIR COLOR <b>BLACK</b>	EYES COLOR <b>BLACK</b>	
BUILT		DISTINGUISHING MARKS			
DATE OF BIRTH <b>DEC. 30, 1994</b>		PLACE OF BIRTH <b>TAUNTAUN, MAKILALA, COTABATO</b>		AGE <b>20</b>	
CITIZENSHIP <b>FIL</b>		RELIGION <b>ROMAN CATHOLIC</b>		BLOOD TYPE <b>B</b>	
CIVIL STATUS <b>SINGLE</b>		If married, name of spouse and address			

### DO NOT WRITE ON THIS PAGE

FOR USE OF ADMINISTRATIVE OFFICER ONLY  
COMMENTS

Point Scored ☐ Failed ☐ Passed ☐

DATE: TIME:

EXAMINING OFFICER

SIGNATURE

Present Address: <b>TORIL, DAVAO CITY</b>		Contact No.:
Provincial Address: <b>MAKILALA, NORTH COTABATO</b>		Contact No.:
Business Address:		Contact No.:
Children/Dependent		Birth Date:
Name of Brothers / Sisters:		Birth Date: Age:
Name of Father:		Address:
Name of Mother: <b>MARLENE G. LABATO</b>		Address: <b>MAKILALA, NORTH COTABATO</b>
Name of Father in-law: <b>HILARIO LABATO</b>		Address: <b>MAKILALA, NORTH COTABATO</b>
Name of Mother in-law: <b>RENEGIA LABATO</b>		Address: <b>MAKILALA, NORTH COTABATO</b>
EDUCATIONAL BACKGROUND	School/s	Inclusive Dates
Elementary		<b>2001 - 2007</b>
High School		<b>2007 - 2011</b>
Tertiary/College (Course)		<b>2011 - 2014</b>
Post Graduates Studies		

**EMPLOYMENT HISTORY:** History of employment since 15<sup>th</sup> birthday whether on permanent, temporary or casual, here and abroad.

Date	Position	Agency/Company/Address	Cause of Separation
<b>APRIL - MAY 2011</b>	<b>RECRUITER</b>	<b>VER/IDE, APOPONG GENSAN CITY</b>	





LTO Form No. 28  
Republic of the Philippines  
1220-000201574482165/  
DEPARTMENT OF TRANSPORTATION & COMMUNICATIONS  
LAND TRANSPORTATION OFFICE  
East Avenue, Quezon City  
Kidapawan District Office  
Field Office: 1220  
Field Office Code: 1220  
**OFFICIAL RECEIPT** 744821652 DATE: 07/01/2015

RECEIVED FROM (Last name, First name, MI)  
LABAJO, ARIZ G.  
ADDRESS (No. Street, City, Municipal/Barangay, Zip Code) (TABATO) 9401

PAYMENT DETAILS	BREAKDOWN OF PAYMENT
Transaction: DARC03	Additional RC 100.00
DARC08	Repl. Fee (PDL) 225.00
011220070120150029 - 02	Comp Fee 67.63
Lic. No.: M0612002301	**Nothing Follows**
Posted Jul 1 2015	
CASH	392.63

**TOTAL AMOUNT PAID** \*\*\*392.63  
THE SUM OF (in pesos) Three Hundred Ninety Two And 03/100 Pesos Only

**MODE OF PAYMENT** CASH  
NIMBALA  
CHIEF OF OFFICE  
Electronic Signature/Date  
07/01/2015  
AC/Resargar  
CASHIER  
Signature/Date



LTO Form No. 28  
Republic of the Philippines  
1220-000201574482075/  
DEPARTMENT OF TRANSPORTATION & COMMUNICATIONS  
LAND TRANSPORTATION OFFICE  
East Avenue, Quezon City  
Kidapawan District Office  
Field Office: 1220  
Field Office Code: 1220  
**OFFICIAL RECEIPT** 744820753 DATE: 07/01/2015

RECEIVED FROM (Last name, First name, MI)  
LABAJO, ARIZ G.  
ADDRESS (No. Street, City, Municipal/Barangay, Zip Code) (TABATO) 9401

PAYMENT DETAILS	BREAKDOWN OF PAYMENT
Transaction: DARC03	Application Fee 100.00
DARC08	Comp Fee 67.63
011220070120150029 - 01	**Nothing Follows**
Lic. No.: M0612002301	
Posted Jul 1 2015	
CASH	167.63

**TOTAL AMOUNT PAID** \*\*\*167.63  
THE SUM OF (in pesos) One Hundred Sixty Seven And 63/100 Pesos Only

**MODE OF PAYMENT** CASH  
NIMBALA  
CHIEF OF OFFICE  
Electronic Signature/Date  
07/01/2015  
AC/Resargar  
CASHIER  
Signature/Date





Republic of the Philippines  
Department of Transportation and Communications  
**LAND TRANSPORTATION OFFICE**  
*Kidapawan City*

SCN 08

## Certificate of Attendance

*Issued to*

Ariz G. Labajo  
Name  
Kid. city  
Address

*As participant in the Seminar for upgrading Drivers and Operators in Pursuance to RA# 4136, otherwise known as Land Transportation and Traffic Code and other related Laws, rules and regulations held at LTO-Seminar Room, LTO Kidapawan City.*

*Given this 01 day of July, 20 15, at LTO, Kidapawan District Office, Kidapawan City, Philippines.*

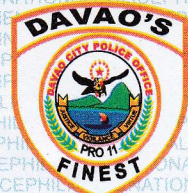
ESMAYATIN O. LINOG  
Driver's License Evaluator

ABDUL CABBY L. BAGINDA  
Asst. Lecturer

SVTRO NAGA L. MIMBALA  
District Head

*Drive Safely "Save Life: the Life you save may be your own"*





Republic of the Philippines  
National Police Commission  
PHILIPPINE NATIONAL POLICE  
DAVAO CITY POLICE OFFICE  
Camp Leonor, Davao City

July 3, 2015

**POLICE CLEARANCE**

TO WHOM IT MAY CONCERN:

This is to certify that ARIZ GABITO LABAJO,

SINGLE, born on Dec 30, 1994 NORTH COTABATO, presently residing at

KANIPAAN DALIAO TORIL, DAVAO CITY

and whose picture, right thumbmark, and signature appear hereon has undergone  
RECORD CHECK from this office and the result is/are indicated below:

FINDINGS: **NO DEROGATORY RECORD ON FILE**

PURPOSE: **LOCAL EMPLOYMENT**

SIGNATURE

VERIFIED BY:  **FOR THE CITY DIRECTOR**

CTC NO.: **14155386**


ISSUED AT: **DAVAO CITY**

ISSUED ON: **Jul 2, 2015**

OR. NO.: **6089788**

**RICARDO SABLON URETA**

**Police Inspector**

**Officer-in-Charge, CRMEU** 

NOT VALID WITHOUT DRY SEAL  
NOTE: VALID FOR SIX (6) MONTHS FROM DATE OF ISSUE

RIGHT THUMBMARK







Republic of the Philippines

City of Davao

## OFFICE OF THE SANGGUNIANG BARANGAY

Barangay Daliao, Toril District

### SANGGUNIANG BARANGAY OFFICIALS

**RODOLFO B. TE**  
Punong Barangay

### Barangay Kagawads:

**RENE D. PE BENITO**  
Committee on Social Services  
Committee on Peace & Order

**JOVEN ANTHONY C. MULAT**  
Committee on Environment & Sanitation  
Committee on Culture & Tourism  
Committee on Women & Gender Dev't.

**GENARO M. OBEREZ, JR.**  
Committee on Infrastructure  
Committee on Urban Planning & Land Use  
Committee on Finance

**RODEL S. GRANADA**  
Committee on Ways & Means  
Committee on Health  
Committee on Youth & Sports Dev't.

**JOSEPH N. DUMOGHO**  
Committee on Education

**CHRIS RYAN B. MABOLOC**  
Committee on Agriculture & Fisheries Dev't.  
Committee on Ethics & Good Governance  
Committee on Rules & Amendments

**SUSAN R. TEGA**  
Barangay Kagawad

**RAYMOND M. ZAPANTA**  
Barangay Secretary

**JOANNE A. ACASO**  
Barangay Treasurer

## CERTIFICATION

To Whom It May Concern:

This is to certify that **ARIZ G. LABAJO, 20 years old, single**, is a resident of Sitio **Kanipaan**, Barangay Daliao, Toril District, Davao City.

This is to certify further that as far as records of this administration is concerned, the subject has not been violated any laws and Barangay Ordinances and has no pending case/s filed against him/her.

This certification is being issued upon the request of the aforementioned in connection **with his requirements for employment.**

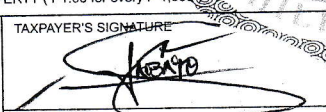
Issued this **2<sup>nd</sup> day of July, 2015** at Barangay Hall Daliao, Toril District, and Davao City.

**ARIZ G. LABAJO**  
Ctc No: 14155386  
Issued at: Daliao  
Issued on: 7.2.15

**RODOLFO B. TE**  
Punong Barangay

Brgy. Seal

*Making things work for the good of our people is our commitment!*

COMMUNITY TAX CERTIFICATE		INDIVIDUAL		CCI201414155386	
YEAR 2015	PLACE OF ISSUE (City / Mun. / Prov) DALAO	DATE ISSUED 7/2/15		TAXPAYER'S COPY	
NAME (SURNAME) LABAJO, (FIRST) ARIZ (MIDDLE) O.		TIN (If Any):			
ADDRESS KANIPATAN, DALAO, TARIK, CAGAYAN		SEX: <input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE			
CITIZENSHIP FILIPINO	ICR NO. (If an Alien)	PLACE OF BIRTH DALAO, TARIK, CAGAYAN	DATE OF BIRTH 5/4	HEIGHT 5'4"	WEIGHT 65 KGS
CIVIL STATUS <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Married <input type="checkbox"/> 3 Widows/Widower/ Legally Separated <input type="checkbox"/> 4 Divorced	PROFESSION / OCCUPATION / BUSINESS APPLICANT		TAXABLE AMOUNT	COMMUNITY TAX DUE	
A. BASIC COMMUNITY TAX (P5.00 Voluntary or Exempted (P1.00))				P 5.00	
B. ADDITIONAL COMMUNITY TAX (Tax not to exceed P5,000.00)					
1. GROSS RECEIPTS OR EARNINGS DERIVED FROM BUSINESS DURING THE PRECEDING YEAR (P1.00 for every P1,000.00)			P		
2. SALARIES OR GROSS RECEIPT OR EARNINGS DERIVED FROM EXERCISE OF PROFESSION OR PURSUIT OF ANY OCCUPATION (P1.00 for every P1,000)				30	
3. INCOME FROM REAL PROPERTY (P1.00 for every P1,000)					
Right Thumb Print	TAXPAYER'S SIGNATURE  RODRIGO S. RIOLA City Treasurer MUNICIPAL / CITY TREASURER		TOTAL	P 35	
			INTEREST	4.90	
			TOTAL AMOUNT PAID	P 39.90	
			(In words): THIRTY NINE 90/100		


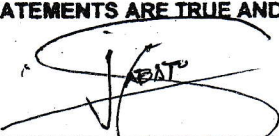

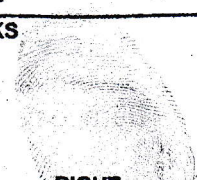
DOP: 04.04.2014

ACCOUNTABLE FORM No. 51-C  
Revised January, 1992

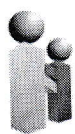
(ORIGINAL)

Official Receipt of the Republic of the Philippines		
07/02/2015 1:08:39 PM Nº 1972960 K		
LABAJO ARIZ		
Agency	Fund	
Payor CLEARANCE FEE	100.00	
Nature of Collection DOCUMENTARY STAMP	Account Code	Amount 15.00
OR No.: 1972960 K		
System Validation:		
Name: LABAJO ARIZ		
Agency: X1		
Cashier: TERENCE		
Amount Due:	115.00	5.00
Cash Tendered:	115.00	
Change:	0.00	
TOTAL		P
Amount in Words		
<input type="checkbox"/> Cash	Drawee Bank	Number
<input type="checkbox"/> Check		
<input type="checkbox"/> Money Order	TERENCE	
Received the amount stated above.		
Collecting Officer		



SS NUMBER 0938765417		SOCIAL SECURITY SYSTEM SELF-EMPLOYED DATA RECORD FORM BRG-103		 <b>RS-1</b> (REV. 7/91)	
SURNAME LABATO		GIVEN NAME ARIZ		MIDDLE NAME GARITO	
DATE OF BIRTH DEC. 30 1994		PLACE OF BIRTH TAWINTAWAN, MAK.			
ADDRESS POBLACION, MAKILALA, COTABATO					
SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		CIVIL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWER		TELEPHONE NUMBER: RESIDENCE: _____ OFFICE: _____	
POSTAL CODE (SSS USE ONLY) 9401		PROFESSION/BUSINESS Sari-Sari Store		YEAR PROFESSION/BUSINESS STARTED 2015	
PROFESSION/BUSINESS CODE (SSS USE ONLY) 346		DATE OF COVERAGE (SSS USE ONLY)			
TAX IDENTIFICATION NUMBER		YEARLY NET EARNINGS P 36.000		MONTHLY NET EARNINGS P 3000	
<b>BENEFICIARY/IES</b>					
SPOUSE		AGE		FATHER <sup>PS</sup> <del>DR</del> JUANITO B. RENEGADO 48	
CHILDREN		AGE		MOTHER MARLENE G. LABATO 36	
1. _____				OTHER BENEFICIARIES (if you do not have spouse, children and parents.)	
2. _____				NAME RELATIONSHIP	
3. _____				1. _____	
4. _____				2. _____	
5. _____				3. _____	
DATE RECEIVED:		I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.			
SSS KIDAPAWAN BRANCH		 SIGNATURE			
FEB 11 2015 RECEIVED BY: <u>ZTZ</u> TIME: _____		THUMBMARKS <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  LEFT         </div> <div style="text-align: center;">  RIGHT         </div> </div>			

PLEASE SEE INSTRUCTION AT THE BACK



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
Valgosons Building, Bolton Extension, Poblacion, Davao City  
(082) 295 0151 & 295 2133  
www.philhealth.gov.ph

# MDR

## MEMBER DATA RECORD

### MEMBER INFORMATION

PhilHealth Identification Number (PIN) : **160256863836**  
Member Category : INFORMAL ECONOMY NHTS Coverage :  
Sub-Category : SELF-EARNING INDIVIDUAL Effectivity Period :

### LABAJO, ARIZ GABITO

NEW CORELLA, POBLACION, MAKILALA,  
NORTH COTABATO 9401

Foreign Address : N/A Sex : Male  
Date of Birth : 12/30/1994  
Place of Birth : MAKILALA, NORTH COTABATO  
Civil Status : SINGLE  
Contact No. (Foreign) : N/A Tax Identification Number :  
(Local) :

### EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN) : N/A  
Name of Employer/Organized Group : N/A  
Business Address : N/A  
Telephone Number : N/A  
Tax Identification Number : N/A

### DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
-----	---------	------------	-------------	-----	----------	---------------

\*\*\* NO DECLARED DEPENDENT/S \*\*\*

\*\*\* NOTHING FOLLOWS \*\*\*

**DENNIS B. ADRE**

Regional Vice President  
PRO - XI Davao City

**Paalala :** Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maidagdag o maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyo, magbigay ng kopya sa ospital. (Reminder: Read the contents of the MDR. Should there be any data discrepancies, return it back to amend or rectify the error. Take good care of the MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.)

This is a system generated report. Signature is not required.  
7/3/2015 12:28:37 PM 01201900 01201900 / / 7/3/2015